

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** York College of Pennsylvania

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** York Country Day School

**Address of Service Provider:** 441 Country Club Road, York, PA 17403

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Department of Information Technology

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  
Department of Information Technology, York College of Pennsylvania, York, PA 17403

**Telephone Number of Designated Agent:** 717-815-1559

**Facsimile Number of Designated Agent:** 717-849-1630

**Email Address of Designated Agent:** abuse@ycp.edu

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_  
**Date:** 8-Sep-2008

**Typed or Printed Name and Title:** Robert Robinson, Director of Information Technology

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee  
Made Payable to the Register of Copyrights.**

Mail the form to:

Copyright GC/I&R  
P.O. Box 70400  
Washington, DC 20024



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